



# County Administrator Information Form

## Individual County Administrator Access Information

County: \_\_\_\_\_ County Number: \_\_\_\_\_  
Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
**Please provide ONE of the following for security verification in the event of a password lockout:**

Mother's Maiden Name: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

## County SFIS Coordinator Information

County : \_\_\_\_\_ Phone Number: \_\_\_\_\_  
SFIS Coordinator: \_\_\_\_\_  
\_\_\_\_\_  
County SFIS Coordinator Signature Date

### Please Fax the completed form to:

Health and Human Services Data Center - SFIS Project at **(916) 229-4497**

If you need additional information regarding this form, please contact the HHSDC-SFIS Project at (916) 229-4461.

## To Be Completed by the State System Administrator

Operator ID: \_\_\_\_\_ Site Number: \_\_\_\_\_  
Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

### For State Use Only

Date Received: \_\_\_\_\_ Approved/Denied By \_\_\_\_\_  
☐ Approved  
☐ Denied Date: \_\_\_\_\_ Title \_\_\_\_\_  
County Notified: \_\_\_\_\_  
\_\_\_\_\_  
Approved/Denied By Signature